

# Self-Employed Disability Claim Statement

## Personal Information

Full Name

Date of Birth

Address

Phone Number

Email

## Business Information

Business Name

Type of Business

Business Address

Years in Operation

Average Annual Income

## Disability Details

Date Disability Began

Nature of Disability

Describe Your Disability and How It Affects Your Ability to Work

Last Date Worked

## Medical Provider Information

Physician/Treatment Provider Name

Contact Information

## **Additional Information**

Additional Comments

Signature

Date